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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90020 019 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000029773**

1. Corporation Name

PENA, TORRES, AND ASSOCIATES, INC.



Principal Place of Business

Mailing Address

4870 B.W. 102ND AVENUE
 SUITE 204
 MIAMI FL 33178

4870 B.W. 102ND AVENUE
 SUITE 204
 MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 **1550 MADRUGA AVENUE**

26 **1550 MADRUGA AVENUE**

65-0826598

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 **SUITE 325**

27 **SUITE 325**

6. Election Campaign Financing

\$5.00 May Be Added to Fees

City & State

City & State

Trust Fund Contribution

23 **CORAL GABLES FL**

28 **CORAL GABLES FL**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

Zip

Country

Zip

Country

24 **33146**

25

29 **33146**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TORRES, LISA N
4870 B.W. 102ND AVENUE
SUITE 204
MIAMI FL 33178

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **D TORRES, LISA N**
 STREET ADDRESS **4870 B.W. 102ND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33178**

1.1 TITLE Change Addition
 1.2 NAME **LISA TORRES**
 1.3 STREET ADDRESS **4870 N W 102nd Avenue, Unit 204**
 1.4 CITY-ST-ZIP **MIAMI FL 33178**

TITLE DELETE
 NAME **D PENNA, HEDDI**
 STREET ADDRESS **4870 B.W. 102ND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33178**

2.1 TITLE Change Addition
 2.2 NAME **HEDDY PENNA**
 2.3 STREET ADDRESS **5541 SW 64th PLACE**
 2.4 CITY-ST-ZIP **MIAMI FL 33155**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lisa Torres
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-669-8600

CR2E034 (11/98)